“COVID-19 ‘no longer meaningfully disrupts the way we live our lives’: Ableist Rhetoric, Back to Normal, and the ‘End’ of the COVID-19 Public Health Emergency

Hi, everyone. My name is Kari Lundgren, and I am an associate professor of rhetoric and writing in the Communication Department at Oregon Tech. Here is my presentation, “COVID-19 ‘no longer meaningfully disrupts the way we live our lives’: Ableist Rhetoric, Back to Normal, and the ‘End’ of the COVID-19 Public Health Emergency.”

On May 9, 2023, two days before the COVID-19 Public Health Emergency (or PHE) was scheduled to end, the White House issued “FACT SHEET: Actions Taken by the Biden-Harris Administration to Ensure Continued COVID-19 Protections and Surge Preparedness After Public Health Emergency Transition.” The document proclaims that “the Biden-Harris Administration has made tremendous progress in our ability to manage COVID-19 so that it no longer meaningfully disrupts the way we live our lives,” additionally asserting that “the nation is well prepared to manage the risks of COVID-19 going forward.”

This view that the pandemic is effectively over in the U.S. is and was similarly reflected in the elimination of masking and vaccination requirements in workplaces, classrooms, public transportation, and health-care facilities, as well as the fact that health departments are no longer required to report COVID cases, deaths, and—as of last month—hospitalizations. Everywhere, the message seems to be that “we” don’t need to worry about COVID anymore; everyone and everything can go back to normal. Implicitly, “we” are able-bodied and thus at no particular risk—two problematic assumptions, since 1

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in 4 Americans is already disabled and thus potentially at *higher risk*, and COVID is itself actively disabling to the able-bodied.

In what follows, I argue that, one year into a post-PHE world, COVID does, in fact, still "meaningfully disrupt the way we live our lives," and that the White House's declaration to the contrary is an example of ableist rhetoric coming from the highest ranks of our government. To make this argument, I share current studies on the ongoing health effects of COVID-19 on society and compare them to what is being said—and, especially, *not* said—in the 2023 White House Fact Sheet.

Implicit in my argument is that ableism undergirds this back-to-normal ethos more broadly, and that, in promoting policies that provide this false sense of normalcy, people in power are gaslighting us for political expedience—"us" meaning, in this case, *especially* the already disabled, but *also* the currently able-bodied. My analysis has implications for how we—as individuals and as scholars, teachers, advocates, and representatives of organizations—approach COVID policies and practices.

When looking at both the research and the world around us, it's hard to understand by what measure "our" lives are no longer "meaningfully disrupt[ed]" by COVID-19. As of May 2024, nearly 600 published scientific and medical studies link COVID-19 infection and re-infection to severe health risks, including pediatric stroke, neurodevelopmental delay in infants, cardiovascular conditions, accelerated progression of cancer, cognitive decline, respiratory conditions, and early death, amongst other outcomes. Figure 1 on your handout includes a QR code and bitly link to a regularly updated spreadsheet of studies, courtesy of Augie Ray.

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https://docs.google.com/spreadsheets/d/12VbMkvqUF9eSggJsdsFEjKs5x0ABxQJi5tvfzJIDd3U/htmlview?usp=sharing#

Interestingly, this data that demonstrates the seriousness of COVID infection and re-infection hasn't been hidden behind medical and scientific jargon—there are plenty of examples of it being translated for and shared to non-expert audiences both before and after the PHE ended.

For instance, in March 2022, Johns Hopkins School of Public Health published a Q&A with clinical *epidemiologist Dr. Ziyad Al-Aly, announcing in its headline that COVID-19 "spares no one" and "doesn't discriminate" when it comes to increased heart risks after COVID-19 infection*.

Similarly, in a January 2023 article published online by the American Medical Association on "What doctors wish patients knew about COVID-19 reinfection," one physician characterizes reinfection with COVID-19 as equivalent to playing "Russian roulette"—in other words, incredibly risky and high stakes.

Popular media outlets have also broadcast this information, which once again shows that policy makers should have had access to knowledge of the ongoing disruptiveness of COVID-19. For instance, in February 2023, the *Today* show devoted a segment to sharing a study from Cedars Sinai in Los Angeles, incorporating the study's big finding into their headline: "Young people are more likely to die of heart attacks post-COVID." *Today* quotes cardiologist Dr. Susan Cheng, who led the study: "I'd love to say we're … coming out on the other side and we can think of COVID more so like the common cold. Unfortunately, that is not the case. … That is eminently clear from all of the data. This

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is not even just like the flu. … This virus is still very different from any other virus we have seen in our lifetime."

Additionally, *People Magazine* ran a story on their website in March 2024 about additional research by Dr. Ziyad Al-Aly with the headline "COVID Linked to Lower IQ, Poor Memory and Other Negative Impacts on Brain Health." The *People* story quotes Dr. Al-Aly: "The growing body of research now confirms that COVID-19 should be considered a virus with a significant impact on the brain. The implications are far-reaching, from individuals experiencing cognitive struggles to the potential impact on populations and the economy."

Both of these media outlets are extremely mainstream, and they are platforming substantive studies in these stories. As part of this, they quote experts explaining research in ways accessible to the general public. All of this goes to show that research on the serious negative effects of COVID has long been available to both experts and non-experts alike; there is no excuse for policy makers not to be aware of it. This means that any interpretation of discourse and policy from the end of the PHE can and should be made in the context of this medical and scientific knowledge.

In other words, when the White House asserts that COVID-19 "no longer meaningfully disrupts the way we live our lives," they are saying that all of these problems—increased and younger deaths from heart attacks, more aggressive cancers, increased auto-immune disorders, decreased IQ, not to mention the debilitating effects of Long COVID, etc.—are not meaningful disruptions. Such disruptions are, in a word, normal—an acceptable level of risk. And that's just for able-bodied people.

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If increased death and disability are what policymakers have deemed an acceptable level of risk for able-bodied people, imagine the situation for the already disabled—people who already have suppressed immune systems because of cancer treatment or organ transplants or auto-immune disorders, or even who just have moderate asthma or depression, both of which, the CDC says, put people at higher risk from COVID-19. Such people—they—we—have been elided from the conversation entirely. "Everyone" doesn't include the disabled; disruptions to our lives are *de facto* not "meaningful."

As Jim Cherney (2011; 2019) has insightfully noted, the notion that "normal is natural" has long and insidiously undergirded ableist policies and assumptions; it is a key pillar of ableist rhetoric that "establishes ableist ideology within the rhetoric of science" (2019, p. 60). As Cherney explains, the normal-is-natural warrant "justifies ableist discrimination by providing rationale for subordinating disabled people"—namely, that the normal body is a "fact of nature" or "objective truth" (2011), rendering it justifiable (even natural!) to prioritize "normal" people's needs over everyone else's.

Such ableism is reprehensible anywhere, but it's especially striking in official statements about COVID-19, a disease which not only disproportionately affects disabled people but is also actively disabling able-bodied people. Official statements are the foundation for official policies, which then affect everyone's day-to-day lives; ableism in official rhetoric reifies ableism in official practice.

Let's look, then, at some ways that ableism manifests in this official rhetoric.

For instance, at the sentence-level, a very basic analysis shows a striking contrast in what words are and are not used in the Fact Sheet, and how often—and, in particular, that

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the Fact Sheet privileges words that de-emphasize risk. As can be seen in Table 1, the most common words in the Fact Sheet include "COVID-19," "Test/Testing," "Access," "Administration," "Vaccine/Vaccination," and "Treat/Treatment." These words all name *tools* but not who is using them and to what effect. In contrast, "Data" is only used four times; "Risk" and "Death" are each used twice; "Transmission" is used once; and neither "Disabled/Disabling/Disability" nor "Pandemic" show up at all., Words that invoke current research about and health risks of this disease are much less common than words invoking tools and solutions in the abstract.

Keeping in mind the context—that is, the overwhelming scientific and medical evidence available that shows serious short and long-term effects from COVID-19 infection and re-infection—this elision of death, disability, and reducing transmission in favor of access to vaccines and treatments is quite striking. It renders invisible the very real and ongoing suffering of millions of Americans.

Notable as well is the fact that so many of the key terms in the Fact Sheet are nominalizations, that is, verbs and adjectives converted into noun form. As we know from both Critical Discourse Analysis and Joseph Williams, nominalizations obscure agency and privilege abstraction; they make concepts seem given and uncontestable, with no one responsible. Take, for example, the first two sentences of paragraph two of the Fact Sheet:

> "The **Administration's** COVID-19 strategy during the PHE relied on effectively and equitably implementing the largest adult **vaccination** program in U.S. history. Beyond **vaccines**, the **Administration** has facilitated the **availability** of and **access** to widespread testing and **treatments**, which enabled families to protect

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themselves, slow the spread of the virus, and ensure that **infections**, when they occur, are relatively mild."

(For those of you counting, there are eight nominalizations in these two sentences.)

One simple way to visualize the prevalence of nominalizations in this document is by using Helen Sword's *Writer's Diet* tool, which automatically categorizes texts based on five criteria, including nominalizations (or "zombie nouns," as she terms them). Figure 2 shows the result of running the Fact Sheet through the *Writer's Diet*—namely, the text scored "crying emoji" (the worst available score) for use of nominalizations. And *Writer's Diet* doesn't even include words like "Administration" as nominalizations, so, if anything, it's *undercounting* nominalizations.

This proliferation of nominalizations obscures *who is doing what* in the document, as well as what is *actually being done.* And it does it all in a way that invites us not to notice everything and everyone who is being left out. It focuses our attention on nouns which sound like solutions while ignoring personal and communal responsibility, risks, and effects.

In conclusion, I've argued that the White House's May 2023 Fact Sheet announcing the end of the COVID-19 Public Health Emergency is an example of ableist rhetoric, and that, by extension, policies and practices influenced by such rhetoric are also ableist. I've made this argument both through context—showing the prevalence of relevant research on COVID-19 at the time the PHE ended—and through sentence-level examples from the Fact Sheet. In sharing all this, I hope that we can continue a conversation about how and to what extent we— as individuals, community members, scholars, and activists—can

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identify, contest, and transform ableist and problematic language and practices to create a Just Rhetoric for all.

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